FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017166 3 POLITICAL PARTY Hidalgo County Democratic Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 01/06/2025 X County: POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS PO BOX 4585 Date Processed Change of Address McAllen, TX 78502-4585 Date Imaged POLITICAL PARTY TITLE **FIRST** NICKNAME LAST М **SUFFIX CHAIR** Richard Gonzales **CHAIR MAILING** ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** PO BOX 3903 Change of Address Edinburg, TX 78540 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 814 DEL ORO LANE (Residence or Business) Pharr, TX 78577 PHONE NUMBER **10** CHAIR PHONE AREA CODE **EXTENSION** (956) 283-4669 11 REPORT TYPE X January 15 8th day before primary election July 15 50th day before general election 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 09/06/2024 12/31/2024

FORM PTY-CORP **POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT COVER SHEET PG 2** 14 Filer ID 13 POLITICAL PARTY NAME (Ethics Commission Filers) 00017166 Hidalgo County Democratic Party (P) 15 TOTALS 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR **ORGANIZATIONS** \$ 0.00 (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS \$ 315.00 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00 A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions. 16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Richard Gonzales

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the	, this the	day	
of, 20, to	certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer	administering oath

Signature of Political Party Chair

Signature of officer administering oath

Printed name of officer administering oath

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Hidalgo County Democratic Party (P) 00017166 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 315.00 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	_
1 Total pages Schedule F1:		
Sch: 1/5 Rpt: 4/8	Hidalgo County Democratic Party (P) 00017166	
4 Date	5 Payee name	
11/13/2024	Hidalgo County Democratic Party Operating Account	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$243.00	POB 4585	
X Expenditure from corporate funds	McAllen, TX 78502	
8 PURPOSE		_
OF OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking	
	Remainder in account moved to cover allowable	
	expenses taken out of operating account	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
09/30/2024	Lone Star National Bank	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$3.00	600 E. Nolana Ave.	
Expenditure from		
corporate funds	McAllen, TX 78504	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE		
	Paper Statement Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
09/30/2024	Lone Star National Bank	
Amount (\$)	Payee address; City; State; Zip Code	_
\$7.50	600 E. Nolana Ave.	
X Expenditure from	Modillon TV 70E04	
— corporate failus	McAllen, TX 78504	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Service Charge	
	Convide enaige	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 5/8	Hidalgo County Democratic Party (P) O0017166
4 Date	5 Payee name
09/30/2024	Lone Star National Bank
6 Amount (\$) \$7.50	7 Payee address; City; State; Zip Code 600 E. Nolana Ave.
41.00	COO E. HORAIR / NO.
X Expenditure from corporate funds	McAllen, TX 78504
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Balance Fee in Service Charge
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$3.00	600 E. Nolana Ave.
X Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Paper Statement Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$7.50	600 E. Nolana Ave.
X Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Service Charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 6/8	Hidalgo County Democratic Party (P) 00017166
4 Date	5 Payee name
10/31/2024	Lone Star National Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.50	600 E. Nolana Ave.
— Formandikona forma	
X Expenditure from corporate funds	McAllen, TX 78504
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking
	Balance Fee in Service Charge
	Balance Fee in Service Charge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/29/2024	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$3.00	600 E. Nolana Ave.
Ψ5.00	000 E. Noiana Ave.
X Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking
	Paper Statement Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
11/29/2024	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$7.50	600 E. Nolana Ave.
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X Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	
	Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

imbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 4/5 Rpt: 7/8	Hidalgo County Democratic Party (P) 00017166						
4 Date	5 Payee name						
11/29/2024	Lone Star National Bank						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$7.50	600 E. Nolana Ave.						
X Expenditure from corporate funds	McAllen, TX 78504						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	Balance Fee in Service Charge						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						
Date	Payee name						
12/31/2024	Lone Star National Bank						
Amount (\$)	Payee address; City; State; Zip Code						
\$3.00	600 E. Nolana Ave.						
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X Expenditure from corporate funds	McAllen, TX 78504						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
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expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
Date	Payee name						
12/31/2024	Lone Star National Bank						
Amount (\$)	Payee address; City; State; Zip Code						
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Ψ1.50	000 E. Nolaria Ave.						
X Expenditure from corporate funds	McAllen, TX 78504						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	Service Charge						
	Service Charge						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction	n Guide explains		/ages	Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2	FILER NAMI	Ē					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 5/5 Rpt: 8/8			unty Democra	atic Party (P)					00017166		
4	Date	5	Payee name	!								
	12/31/2024		Lone Star N	National Bank								
6	* *	7	Payee addre	ess; City;	State	e; Zip Co	de					
	\$7.50		600 E. Nola	ana Ave.								
X	- corporate farias		McAllen, T	x 78504								
8	PURPOSE OF	(a)			d at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Accounting	/Banking				Check if travel of	outsi	de of Texas. Comp	olete Schedule T.	
								Balance Fee	in (Sarvica Chai	rno.	
								Dalance Fee	111 \$	Service Chai	ye	
9	Complete ONLY if direct		 Candidate/Off	iceholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	Н										